

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | 1 | 1 | 1 | 1 | 1 |
| TOTAL DEP. | 14 | 1 | 1 | 1 | 1 | 1 |
| TOTAL CLAIMS | 15 | 0 | 0 | 0 | 0 | 0 |

| CLAIMS | * | | * | | * | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 15 | 0 | 0 | 0 | 0 | 0 |